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Communication for Healthy Communities (CHC)

Year 3: First Quarter Report

October – December 2015

Communication for Healthy Communities (CHC)

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Submitted By:

Anne Akia Fiedler, Chief of Party

Submitted To:

Rhobbinah Ssempebwa, Agreement Officer's Representative (AOR)
 United States Agency for International Development
 U.S. Mission Compound – South Wing
 1577 Ggaba Road, Nsambya
 P.O. Box 7856
 Kampala, Uganda
 Tel: +256-41-306-001 / Fax: +256-41-306-661
 Email: rsempebwa@usaid.gov

For more information contact:

Communication for Healthy Communities (CHC)
 FHI 360 Uganda
 Plot 15 Kitante Close, Kampala, Uganda
 P.O. Box 5768 Kampala
 Telephone: +256-312-266-406
 Website: www.fhi360.org

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Contents

LIST OF ABBREVIATIONS	3
INTRODUCTION	4
SUMMARY OF ACHIEVEMENTS THIS QUARTER	4
PROGRAM COMPONENTS AND ACTIVITIES	5
Intermediate Result 1: High quality health communication interventions designed and implemented	5
1.1 Provide technical assistance to USG IPs on ongoing HC interventions and special campaigns	5
1.1.1 Saving Mothers Giving Life (SMGL) Communication Support in northern and western Uganda	5
1.1.2 USAID/DFID young women FP campaign in 5 East-Central districts.....	6
1.1.3 Communication support to DREAMS project intervention sites (in 10 districts)	9
1.1.4 Gender mainstreaming and integration	10
1.1.5 Communication support to malaria prevention and treatment	10
1.1.6 Communication support for Tetanus Vaccination as part of the VMMC package	12
1.1.7 Tailored response to demand creation needs of USG IPs	14
1.2 Work with GOU and USG IPs to develop and update OBULAMU implementation guides and materials	15
1.3 Work with GOU and USG IPs to rollout the OBULAMU integrated campaign	18
Intermediate Result 2: Improved coordination of Health Communication interventions.....	23
2.1.1 Support the MOH to strengthen the National BCC Working Group for Sustainable HC Coordination.....	23
2.1.2 Support the MOH to develop district HC coordination mechanisms.....	23
2.2 Capacity strengthening for GOU, districts, and IPs	24
Intermediate Result 3: Increased Research and Knowledge Management to Enhance Health Communication	25
3.1 To obtain scientific evidence to support a robust learning agenda	25
3.1.1 Operationalize MER/KM Task Force	25
3.1.2 Design and implement customized research methodologies.....	25
3.1.3 Implement Monitoring, Evaluation, and Learning (MEL) Plan.....	26
3.2 To support knowledge management of a robust learning agenda.....	27
3.2.1 Implement a KM Plan as part of the OBULAMU platform	27
3.2.2 Engage in dissemination and advocacy events	28
FINANCIAL REPORT OCTOBER – DECEMBER 2015	30

LIST OF ABBREVIATIONS

ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ASSIST	Applying Science to Strengthen and Improve Systems
AGYW	Adolescent Girls and Young Women
BCC	Behavior Change Communication
CDFU	Communication for Development Foundation Uganda
CHC	Communication for Healthy Communities
COP	Community of Practice
DFID	Department for International Development
DHE	District Health Educator
DHO	District Health Officer
DHT	District Health Team
DOP	District Operational Plan
EMTCT	Elimination of Mother-to-Child Transmission
GOU	Government of Uganda
HC	Health Communication
HCT	HIV Counseling and Testing
HEPU	Health Education and Promotion Unit
IDI	Infectious Disease Institute
IP	Implementing Partner
IPC	Inter-Personal Communication
IR	Intermediate Result
IRCU	Inter Religious Council of Uganda
IRS	Indoor Residual Spraying
KM	Knowledge Management
KBS	Kamuli Broadcasting Services
LS	Life Stage
LLIN	Long Lasting Insecticide Treated Net
M&E	Monitoring and Evaluation
MFT	Mass Fever Treatment
MCH	Maternal and Child Health
MER	Monitoring, Evaluation and Research
MOH	Ministry of Health
MoGLSD	Ministry of Gender Labor and Social Development
PACE	Programme for Accessible health Communication and Education
PMI	Presidential Malaria Initiative
SBCC	Social and Behavior Change Communication
SDS	Strengthening Decentralization for Sustainability
SMC	Safe Male Circumcision
SMGL	Saving Mother and Giving Life
SMS	Short Message Service
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
STAR	Strengthening TB and HIV and AIDS Response
TA	Technical Assistance
TOR	Terms of Reference
TOT	Training of Trainers
TV	Television
UAC	Uganda AIDS Commission
UBC	Uganda Broadcasting Corporation
UHMG	Uganda Health Marketing Group
USAID	United States Agency for International Development
USG	United States Government
VHT	Village Health Team
VMMC	Voluntary Medical Male Circumcision
WG	Working Group
MSU	Marie Stopes Uganda

INTRODUCTION

Communication for Healthy Communities (CHC) is a 5-year, USAID funded project whose goal is to support Government of Uganda and partners to design and implement quality health communication interventions that contribute to reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis (TB). To achieve this, the project uses innovative health communication (HC) approaches, capacity strengthening, increased collaboration among partners, and rigorous research and knowledge management for health communication.

This report highlights the major accomplishments for the first quarter (October – December 2015) of Year 3 project implementation. The report is structured by intermediate result area (IR1, IR2 and IR3) as described below.

- IR1: High quality health communication interventions designed and implemented
- IR2: Improved coordination of health communication interventions
- IR3: Increased research and knowledge management to enhance health communication.

Under each intermediate result area, the report gives a detailed overview of the planned activities for this reporting period, those accomplished, challenges explaining over or under achievement, lessons learnt and plans for the next quarter.

SUMMARY OF ACHIEVEMENTS THIS QUARTER

Outstanding achievements during this reporting period were:

- OBULAMU? CHC's integrated campaign platform won an award for "best not-for-profit and best overall campaign in Uganda" from the Public Relations Association of Uganda (PRAU). According to the judges, the campaign has a unique platform that resonates with local people and demonstrated strong use of research and stakeholder involvement in its design and implementation processes.
- Reached an estimated 10.3 million people with information and referral to HIV prevention and treatment, malaria prevention and treatment, family planning, maternal and child health, TB as well as nutrition and breast feeding services. These were reached through radio, TV, inter-personal communication, community mobilization and social media platforms.
- To improve facility-community linkage, CHC worked with IPs and DHEs to conduct mentoring and support supervision visits to 8,122 campaign champions in 81 districts. The team solicited feedback on champions operations, guided champions on their day-to-day operations and worked with them to disseminate health communication materials to 333 high volume sites and over 1,000 trading centres/meeting places.
- In order to expedite implementation of the new VMMC/Tetanus policy, CHC provided technical assistance to MOH and 21 USG IPs to consult key audiences (*including; circumcised and un-circumcised men, female partners, community gate keepers and health workers*) and develop a communication guide, tools and materials that integrate Tetanus Vaccination as part of the national VMMC package.
- Finalized analysis of the baseline assessment on contraception knowledge, attitude, skills, norms and uptake among AGYW in the five districts of Iganga, Kamuli, Luuka, Mayuge and Namutumba. Key results show that the number of AGYW who approve contraceptive use is fairly high at 69%. However, it reduces with age where adolescent girls (15-19) is at 55% while young women (20-24) stood at 74%.
- Hosted a team of PMI officials from Atlanta and Washington for a consultative and monitoring visit on malaria response in November 2015. The team applauded CHC, ASSIST, SDS and districts for the great job in responding to the malaria epidemic and called for continued coordination between the above stakeholders.
- Supported the National Organising Committee (NOC) for World Aids Day 2015, composed of MOH, UAC and IP representatives to plan, develop and standardize health communication materials under the theme, "Getting to Zero." CHC tailored messages to focus on conversations around individual actions and disseminated them to 43 radio stations, five TV stations and 81 districts.

PROGRAM COMPONENTS AND ACTIVITIES

Intermediate Result 1: High quality health communication interventions designed and implemented

1.1 Provide technical assistance to USG IPs on ongoing HC interventions and special campaigns

1.1.1 Saving Mothers Giving Life (SMGL) Communication Support in northern and western Uganda

Organizations Involved:

FHI 360, UHMG, MOH and USG IPs

Activities Planned:

- Convene SMGL communication sub-committee to revise communication plan, focus interventions of Delay 1, and conduct quarterly meetings at national and regional levels.
- Work with ASSIST and DHTs in Action Media for LS2 (pregnant couple) in northern Uganda. (Links with IR3, activity 3.1)
- Work with Baylor, IDI, MSU in western Uganda to review and update SMGL materials for LS2 (pregnant couples) and LS3 (families with young children)
- Work with SMGL communication sub-committee to rollout interventions in 10 SMGL districts of northern and western Uganda.

Activities accomplished:

- **SMGL communication sub-committee meeting:** CHC chaired one SMGL Communication Sub Committee meeting in October 2015 with MOH and eight SMGL partners including; ASSIST, Baylor, IDI, Marie Stopes, PACE, SDS, CHC and UHMG. The purpose of the meeting was to review the SMGL communication strategy, update it with needs from IPs and develop a harmonized SMGL implementation plan for 2016. Key SMGL communication issues in the plan include; early ANC attendance and competing the four ANC visits, delivery at a health center and newborn care. CHC is currently working with MOH, IPs and districts to rollout the implementation plan through inter-personal communication, community mobilization and mass media interventions in SMGL districts.
- **Coordination with ASSIST, SDS and districts in northern Uganda:** In order to expedite progress and improve coordination in the design, implementation and evaluation of SMGL interventions in northern Uganda, CHC held meetings with ASSIST, SDS and Gulu, Amuru and Lira districts in November and December 2015. The purpose of the meetings was to review available research, identify/update barriers affecting uptake of SMGL interventions in the districts and develop tailored interventions. Some of these include; participatory materials development using the “Action Media” Methodology, adapting existing OBULAMU Life Stage 2 materials, conducting targeted inter-personal and community mobilization activities including; home visits, one-on-one and small group dialogue sessions with pregnant women and male partners.
- **Coordination with Baylor, IDI, MSU and districts in Western Uganda:** CHC held partnership meetings and continued to implement joint SMGL communication activities, including; follow-up mentorship visits to 80 VHTs to strengthen IPC skills in providing information and referral on SMGL including, ANC and health facility delivery and other interventions as shown below.
- **Rollout of SMGL demand generation and referral activities:** CHC worked with SMGL partners in northern and western Uganda to implement the following interventions:
 - Broadcast 4,837 radio spots and DJ mentions on 14 radio stations in northern and western Uganda. The radio spots and mentions focus on ANC attendance, danger signs, male involvement and delivery in health facility.
 - Produced and disseminated 13,200 copies of SMGL communication materials including: posters, midwife calendars, stickers and talking points for religious leaders, VHTs, and media personnel.
 - Worked with IDI and Kibaale district to conduct three community shows in Igayaza, Kyaterekera and Kakindo Sub-Counties and reached 1,157 people, including; women and men (15-49), pregnant women

and their partners. The shows addressed emerging community issues as identified by IDI and the district, including; low ANC and PNC uptake, low male involvement, low client retention that stands at 50% and the increasing number of women who deliver at Traditional Birth Attendants (TBAs).

- Conducted follow-up and support supervision visits to 80 VHTs in western region to strengthen their skills in communicating SMGL messages and referring pregnant women and male partners to SMGL services. The target for each VHT or community champion is to talk to at least four people every month through home visits, one-on-one and small group dialogue sessions to motivate them and improve uptake of SMGL services.



A midwife placing a mid-wife's calendar in one of the SMGL sites

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January – March 2016:

- Convene SMGL communication sub-committee to review, update and disseminate SMGL materials.
- Review IP data/conduct Action Media to identify barriers and facilitators on uptake of SMGL interventions in western and northern Uganda
- Work with USG IPs in northern (SDS and ASSIST) western (Baylor and IDI) to implement inter-personal and mass media interventions to increase the demand and utilization of SMGL services in the facilities.

1.1.2 USAID/DFID young women FP campaign in 5 East-Central districts

Organizations Involved:

FHI 360, MOH and USG IPs

Activities Planned:

- Orient and deploy 500 youth-friendly champions in 5 project districts (10 sub counties).
- Conduct 50 community mobilization events (Kadanke Youth activations) in 5 project districts.
- Broadcast 5,400 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service.

Activities accomplished:

- **Reaching girls through youth friendly champions:** Continued to work with the 250 youth-friendly champions in the program districts of Iganga, Kamuli, Luuka, Mayuge and Namutumba, who were oriented and deployed last quarter to reach adolescent girls (15-19) and young women (20-24) with information, motivation and referral to contraceptive services. Champions reached an estimate 3,000 AGYW in the five districts during the quarter. Key champion activities include; follow-up visits through one-on-one and small group dialogue sessions.
- **Community mobilization events (Kadanke Youth Activations):** Worked with STAR-EC, RHU, PLAN Uganda, Straight Talk Foundation and Church of Uganda's FLEP project to conduct 10 edutainment based youth activations, popularly known as Kadanke. These took place in Wabulungu, Namasagali, Nsinze, Bulamagi, Lugolole sub-counties and Mayuge town council. The following table shows summary of key statistics from the shows:



A young girl receives FP Implants

Table 1: Number reached during AGYW community mobilization activations

Audience Category	Males	Females	Total
Total Attendance	730	1,275	2,005
Reached by IPC dialogue messages (touch points)	442	1,235	1,677
Attended ANC	0	85	85
FP methods (<i>Depo, pills, implants</i>)	0	128	128
Dispensed condoms	11,863	850	12,713 pieces

- **Reaching AGYW through radio:** CHC broadcast 1,812 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service between October and December 2015. These were placed in radio programs popular among youth, which include; (i) Youth moment and *Amayingo* on Baba FM (ii) Love Zone on Apex and Baba FM (iii) Evening drive on KBS and *Ensi neby'ayo* on NBS radio. The following table gives a summary of radio programs/exposures broadcast between October and December 2015:

Table 2: Number of AGYW reached through radio

Product	Radio Stations	Frequency Per Day	Frequency Monthly	Quarterly
OBULAMU DJ led discussion – interactive engagement	4	Once in popular program	120	360
Radio Spots	4	Twice a day	240	720
DJ Mentions	4	Twice a day	240	720
Talk Shows	4	Once a month	4	12
Total	4	5	604	1,812

- **Other accomplishments in the quarter include:**

- **Rapid assessment on causes of teenage pregnancy in Eastern Uganda:** CHC worked with STAR-EC to conduct a rapid assessment on causes of teenage pregnancy in five DFID program districts of Iganga, Kamuli, Luuka, Mayuge and Namutumba, and in three control districts of Bugiri, Kaliro and Namyingo. The assessment that was conducted between October 18–26, 2015. The study sought to understand factors affecting knowledge, access and uptake of contraceptive services.

Key findings indicate that:

- General awareness of available contraceptives choices is 78% of AGYW who could name at least one contraceptive method. However, only 25% knew how the method mentioned works.
- Among adolescent girls (15-19), 40% had already had sex and were not married, 16% were not married but had children.
- The number of AGYW who approve contraceptive use was fairly high at 69%. However, this reduces with age with adolescent girls (15-19) at 55%, and young women (20-24) stood at 74%.

In quarter 2, CHC will finalize and disseminate the baseline report which also includes HMIS analysis for selected high volume sites in the five districts.

Comments/ Challenges:

- Some parents do not allow adolescent girls (15-19) to attend youth bashes citing that this is an avenue for them to meet boys.
- Delayed coordination of implementation with DFID major partners such as Marie Stopes Uganda due to delays in scheduling program activities in the districts. However, CHC will hold a coordination meeting with Marie Stopes to strengthen coordination of demand generation and service delivery activities in the five districts.

Lessons learnt

- Auntie's locally known as *Ssenga's* and peer leaders who have correct and non-judgmental information on contraception, sex and sexuality are very popular among AGYW. CHC, IPs and districts are working with them to conduct on-on-one and small group dialogue sessions and refer AGYW to health services.

Plans for the next quarter, January - March 2016:

- Orient and deploy an additional 250 youth-friendly champions in 5 project districts (10 sub counties)
- Conduct 40 community mobilization events (Kadanke Youth activations) in 5 project districts
- Broadcast 1,350 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service
- Finalize and disseminate baseline report
- Conduct coordination meeting with Marie Stopes Uganda and develop a joint implementation schedule linking demand generation and service delivery interventions.
- Deepen the reach of contraception and SRH communication interventions to AGYW in the five districts. This will include, working with IPs, districts and champions to disseminate materials and tools to 50 intervention sub-counties

19-year- old Shamin uses birth control pills to stop teenage pregnancies

Nineteen year-old Shamim Nakayaga from Bukofu-Bukumbi, Mbulamuti sub-county in Kamuli district is one of the young women that have benefited from the USAID Uganda/DFID Accelerating the Rise in Contraceptive Prevalence (ARC) communication campaign which started in March 2015. The light-skinned Senior Six leaver became sexually active at the age of 17 but did not know somebody her age could use contraception. “I heard about family planning but thought it would prevent me from having children in the future.”

However this all changed when she attended a ‘Senga’ (auntie) session during an OBULAMU *Kadanke* organized by USAID/Communication for Healthy Communities(CHC) and the Strengthening TB and HIV and ADIS Response in East- Central Uganda (STAR-EC). *Kadankes* are targeted youth community shows conducted for adolescent girls and young women through which communication on contraception and sexual reproductive health is conveyed and services provided. A *Senga* session on the other hand is a platform that engages girls on sex, sexuality, relationships, HIV and pregnancy prevention and income generating activities. It is run by an auntie, usually a respected and knowledgeable woman in the community selected by the district, IPs and CHC to voluntarily carry on education talks on family planning.

During the *Kadanke*, Shamim was excited to learn that there are different contraception methods that young people like her can use to avoid getting pregnant. She sought more information from the health worker who was providing family planning services. “I talked to the nurse and she told me about different methods including condoms. After the discussion, I was very interested in the pill because it is easy to use and my boyfriend would not know about it. Unlike a condom where I need to depend on him.”

Shamim and her boyfriend had started using condoms after the couple were diagnosed and treated with an STI and were told about condom use. Even if they have been using condoms consistently, Shamim did not want to take chances and depend too much on her boyfriend.

“For now my boyfriend doesn’t know that I am using pills because it is my decision and I do not know how he will react when he finds out but I did not want to take any chances,” Shamim says.

Since September 2015, Shamim has been advocating for use of contraceptive methods among her peers at school, mosque and at the market. In December 2015, she was invited by Plan Uganda to attend for a youth camp in Tororo where she had an opportunity share information on contraceptives with a group of 70 participants.



Shamim hopes to give birth to her first child after she completes her university education and is married, five years from now.

The USAID/ DFID ARC has influenced many adolescent girls and young women like Shamim to make informed choices by knowing and accessing available contraception methods to prevent unintended pregnancies. Between October-December 2015, CHC, districts and partners conducted 10 *Kadanke* sessions and reached an approximate 1,275 adolescent girls and young women with correct knowledge, skills and motivation on modern contraceptives, reproductive health services and choices for their needs.

1.1.3 Communication support to DREAMS project intervention sites (in 10 districts)

Organizations Involved:

FHI 360, MOH, USG IPs, DHTs

Activities Planned:

- Meet USG IPs in 10 DREAMS districts and conduct Action Media with AGYW to understand the drivers of HIV epidemic in this age group (Links with IR3, activity 3.1)
- Develop and test selected HC tools, materials and interventions to SRH/FP services uptake among AGYW and their male partners/sexual network
- Work with GOU, USG IPs and DHTs to enlist, orient, and deploy 1,000 AGYW-friendly champions and provide them with tools to address AGYW SRH (undertaken as part of rollout of LS 1, 2, and 4)
Conduct 100 Kadanke Youth Activations for AGYW and their sexual partners/sexual network (undertaken as part of rollout of LS 1, 2, and 4).

Activities accomplished:

- **Meeting with DREAMS project IPs:** CHC held a meeting with 07 DREAMS IPs in December 2015 to share planned activities for 2016, identify health communication needs and discuss ways of harmonizing interventions. Partners included; SDS, ASSIST, MUWRP, Mildmay, RHSP, DOD, SHIRP and METS projects. Key action points included; compiling and adapting existing health communication materials for DREAMS intervention, conducting participatory materials development session (Action Media) with relevant sub-populations of AGYW, developing/adapting communication materials for Stepping Stones methodology and integrating DREAMS interventions in on-going OBULAMU campaign rollout in target districts.



Prototype concepts from earlier Action Media sessions with AGYW

- **Research and materials development:** CHC developed a protocol for conducting a baseline study in 10 DREAMS districts and a protocol for conducting participatory materials development sessions with AGYW sub-populations in northern Uganda, central 1 and central 2 regions. The purpose of the assessments, which will be conducted next quarter, is to determine levels of knowledge, motivation, skills and norms as well as drivers of new HIV infections among specific AGYW sub-populations in the districts. See details in Activity 3.1.2.
- **Orientation on Stepping Stones methodology and adapting relevant tools:** Two CHC staff attended an orientation on the Stepping Stones (a key approach in implementing the DREAMS project) from October 14-16, 2015 in Jinja. During the orientation, was facilitated by ASSIST, IPs reviewed and adapted a draft manual for implementing the Stepping Stones methodology. CHC held follow-up meetings with ASSIST to review the manual and identify health communication materials and tools to support the Stepping Stones methodology. Some of these include; videos, talking points and posters.
- **AGYW friendly champions and Kadanke youth Activations:** CHC did not orient and deploy AGYW-friendly champions and Kadanke youth activations because DREAMS specific materials and tools were not available. These will however be done next quarter as part of the wider OBULAMU campaign rollout in DREAMS districts.

Comments/ Challenges:

- N/A

Lessons learnt

- Buganda Kingdom, under the leadership of their new Prime minister have a five year strategic plan that has a strong component on health and livelihoods of AGYW. The kingdom also has existing structures such as *Masaza* Health teams as well as *Egisakaate* facilitators who can work as champions linking AGYW to HIV prevention and other health services. Next quarter, CHC will hold a joint meeting between Buganda Kingdom and USG IPs in central region to develop a workplan and formalize the partnership.

Plans for the next quarter, January - March 2016:

- Conduct Action Media with AGYW to understand the drivers of HIV epidemic in this age group
- Develop and test selected HC tools, materials and interventions on HIV prevention among AGYW and their

male partners/sexual network.

- Work with GOU, USG IPs and DHTs to enlist, orient, and deploy 1,000 AGYW-friendly champions and provide them with tools to address AGYW SRH (undertaken as part of rollout of LS 1, 2, and 4).
- Conduct 25 Kadanke Youth Activations for AGYW and their sexual partners/sexual network (undertaken as part of rollout of LS 1, 2, and 4).
- Hold a joint meeting between Buganda Kingdom and USG IPs in central region to develop a workplan and formalize the partnership.

1.1.4 Gender mainstreaming and integration

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Work with MoGLSD and USG IPs to facilitate review and standardization of gender training curriculum, materials and tools for IPs, health workers, and champions.

Activities accomplished:

- CHC held a meeting with MoGLSD officials to plan for the review and standardization of gender training curriculum. In order to expedite the process, CHC identified two consultants to review available gender training materials and start the process of developing trainers and participants manuals on gender mainstreaming and integration. Part of the process included, consulting USG IPs to help tailor gender materials to their needs. CHC plans to finalize the curriculum next quarter in consultation with the USG IPs.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2016:

- Continue working with MoGLSD and USG IPs to finalize the development and standardization of gender training curriculum, materials and tools for IPs, health workers, and champions.
- Work with MoGLSD and USG IPs to organize 4 regional TOT sessions for IP staff and selected health centers to cascade the training to district, health sub-district, and community levels.
- Integrate standardized gender training manual, materials and tools into OBULAMU champion's orientation and implementation of OBULAMU activities.

1.1.5 Communication support to malaria prevention and treatment

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

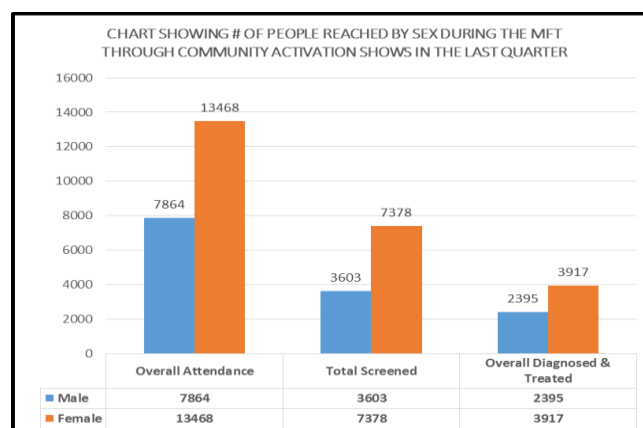
- Support SDS, ASSIST, and DHTs to mobilize communities for LLINs and drug administration in 10 most affected northern Uganda districts.
- Use 5 partner radio stations to broadcast 7,500 radio mentions on LLIN use, effective malaria case management, and environmental control.
- Provide TA to Abt/IRS project and CDFU in eastern Uganda to scale up reach of messages on dual-protection (LLINs and IRS), and completion of treatment when diagnosed with malaria through mass media and IPC.
- Support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in all the 80 malaria endemic districts across the country.

Activities accomplished:

- **Coordination with SDS, ASSIST and districts for Malaria prevention and control in northern Uganda:** CHC continued to support the above partners to effectively respond and contribute to the reduction of the malaria outbreak in northern Uganda.

Specifically:

- Conducted 26 edutainment based community shows in 26 most affected sub-counties from the districts of Kole, Pader, Oyam, Agago and Nwoya. A total of 21,331 people were reached with information, motivation and skills on use of LLINs and early diagnosis and treatment. Through the district and health centres, 6,312 people received mass fever treatment (MFT) during the shows.



The table (*on the right*) gives a breakdown of people reached with various malaria services.

- **Orienting campaign champions:** In order to amplify campaign messages on LLIN use and early diagnosis and treatment, CHC worked with partners to orient and deploy 59 religious leaders from Acholi and Lango sub-regions. According to the Inter Religious Council of Uganda (IRCU), an umbrella organization for all religious bodies in Uganda, one religious leader talks to at least 100 people in a week, during weekly prayers and community events such as funerals and weddings.

- In addition, through community champions such as VHTs and cultural leaders (*who were oriented and deployed last quarter*), CHC intensified inter-personal communication and community mobilization activities through home visits, one-on-one and small group dialogue sessions to identify and address emerging issues on LLIN use and early diagnosis and treatment of malaria. Next quarter, CHC will follow-up with campaign champions to find out the number of homes visited and emerging issues identified.



- **Hosting of PMI guests:** CHC hosted a team of PMI officials from Atlanta and Washington for a consultative and monitoring visit on malaria response in November 2015. The team visited health centers of Ngai, Agulurude, and Anyeke in Oyam district, visited homes, and interacted with VHTs, local leaders and health workers to review and assess efficacy of malaria interventions. The key recommendation from the visit was to scale-up health communications interventions with a focus on LLIN use.
- **Malaria Coordination Meeting:** CHC attended weekly Malaria coordination and task force meetings at MOH and districts. CHC made presentations which included lessons learnt in implementing malaria communication interventions. For example, some of the households visited had only two mosquito nets yet the average number of people living in the home were more than five. As a result, MOH and partners promised to secure additional nets and explore re-allocating some nets distributed during immunization and ANC clinics to target the households in the hotspot areas in northern Uganda.
- **Broadcast radio messages on malaria prevention and control:** CHC broadcast 1,875 radio messages on five radio stations in northern Uganda which include; Mega FM, Unity FM, Rupiny FM, Mighty Fire and Apac FM. Program formats included; radio spots/adverts, DJ mentions, announcements and talk shows. In addition, CHC recorded eight influential community leaders who included; religious leaders, counselors and RWOTs to make testimonies and personal appeals for people use LLINs, test and treat malaria.
- **Communication support to Abt/IRS project and CDFU in eastern Uganda:** In support of the on-going indoor residual spraying (IRS) activities in Eastern Uganda, CHC in partnership with Abt/IRS project and CDFU held planning meetings to prioritize relevant communication interventions which included; talking points for leaders, radio announcements and appeals, OBULAMU community shows, home visits, one-on-one and small dialogue sessions in a troublesome community in Budaka where 50% of the households had refused to have their houses

sprayed. This helped to increase the number of households who accept IRS spray in their houses.

- **Integration in on-going OBULAMU campaign activities:** Through on-going OBULAMU campaign activities across the country, CHC continued to integrate information, motivation, skills and referral to malaria services. CHC continued to support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in all the 80 malaria endemic districts across the country.

Table 3: Number of people reached through inter-personal Malaria activities

Region/ District/ Venue	No of Shows	Attendance	Referral and uptake of services (on-site)			
			Malaria/ ITN distribution	ANC	LLINs for Pregnant Women	LLINs for Children <5
Central	9	4,514	145	48	N/A	1
Northern	49	44,182	18,990	1,020	210	160
South Western	4	1,059	N/A	42	N/A	N/A
Karamoja	4	2,477	862	15	35	34
East Central	13	11,151	1009	130	86	9
Western	6	1592		36	N/A	N/A
Total	85	64,975	21,006	1,291	331	204

Comments/ Challenges:

- Whereas MOH, CHC, IPs and districts have registered success in reducing malaria prevalence in the north, this success has been limited by frequent shortage of ACTs to prevent malaria. During the quarter, a number of people who turned up for Mass Fever Treatment did not receive drugs due to stock-outs. This threatens to wipe away the gains made over the last six months.

Lessons learnt:

- Home visits by campaign champions and having a net demonstration, care and repair clinic at the community show are popular interventions needed to scale up interventions on malaria prevention. During home visits, champions (VHTs) are able to assess the utilization of available nets in the household and identify and address barriers to net use.

Plans for the next quarter, January – March 2016:

- Use 5 partner radio stations to broadcast 7,500 radio mentions on LLIN use, effective malaria case management, environmental control
- Provide TA to Abt/IRS project and CDFU in eastern Uganda to scale up reach of messages on duo-protection (LLINs and IRS), and completion of treatment when diagnosed with malaria through mass media and IPC
- Support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in all the 80 malaria endemic districts across the country

1.1.6 Communication support for Tetanus Vaccination as part of the VMMC package

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

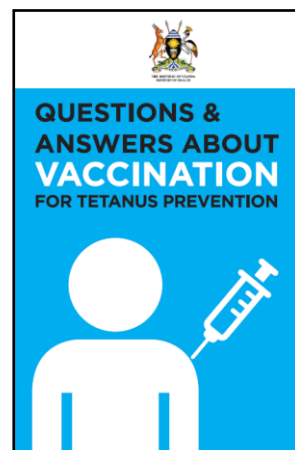
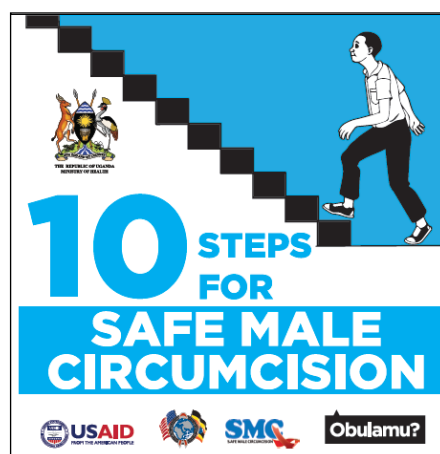
Activities Planned:

- Conduct rapid qualitative assessments among circumcised and un-circumcised men and their influencers to assess their attitudes, concerns and experiences/expectations on Tetanus vaccination as a pre-requisite for VMMC.
- Develop a communication plan that gives details on vaccination for position tetanus as part of the VMMC prevention package.
- Hold a partners meeting to disseminate draft communication plan and materials to get feedback
- Finalized communication plan and produce client and provider materials to support rollout of Tetanus Vaccination.
- Design and implement targeted communication support and demand generation activities for VMMC uptake in the 57 VMMC COP 15 districts (Links with activity 1.3).

Activities accomplished:

As part of the new MOH policy of giving a Tetanus injection 28 days before circumcision and another dose on the day of circumcision, CHC has provided technical assistance to MOH and USG IPs to design communication interventions that support rolling out the new policy. Specifically, CHC:

- **Rapid qualitative assessment on VMMC and Tetanus vaccination:** CHC worked with the MOH and USG IPs, including; STAR-EC, SUSTAIN, MUWRP, RHSP and STAR-SW to conduct rapid qualitative assessments and identify attitudes, barriers and facilitators on Tetanus Vaccination as part of the VMMC package. The assessments were conducted in Northern, Central, South-West and Eastern Uganda and targeted circumcised men, uncircumcised men, female sexual partners, health workers, and USG IP staff. The assessment provided information used in developing the communication plan and materials on Tetanus Vaccination as part of the VMMC package.
- **Positioning Tetanus vaccination as part of a package:** CHC used ideas from the assessments to develop a draft communications plan to position Tetanus Vaccination as part of the regular VMMC package. The plan shows that vaccination should be promoted for ability to prevent tetanus infection among men and women in the event of a wound on a person's body. This would ensure that SMC is not perceived as a direct cause of tetanus but as an opportunity to access health benefits beyond circumcision.
- **Partners meeting to review draft VMMC Tetanus communication materials:** In October 2015, CHC worked with MOH and partners to convene a stakeholders meeting at Metropole Hotel in Kampala to share findings from stakeholder consultations and draft materials for VMMC Tetanus communication. The meeting was attended by 21 IPs, who included; ASSIST, RHSP, MUWRP, AMREF Health Africa, STAR-SW, STAR-E, STAR-EC, Baylor, IDI, UPMB, TASO, DOD/RTI, Kalangala, Uganda Cares, NURTURE Africa, World Vision, UPHS, MJAP as well as MOH, CDC, USAID and CHC.



LEFT: Some of the materials developed (VMMC fact sheet, mobilization card and booklet) that introduce Tetanus Vaccination as part of the VMMC package.

Note: Production and dissemination of these materials to IPs and districts will be done in quarter 2.

Table 4: Type and purpose of VMMC/Tetanus communication materials developed

#	Material	Content	Purpose
1	VMMC Fact sheet	Talking points and key steps involved in VMMC, including Tetanus.	<ul style="list-style-type: none"> Used by leaders and champions to mobilize men and women in for VMMC
2	Booklet on Tetanus Vaccination	Frequently Asked Questions & Answers on Tetanus.	<ul style="list-style-type: none"> Used by health workers to provide basic information on Tetanus vaccination.
3	Integrated Services Card	Invitation card indicating services offered for men and women, including VMMC	<ul style="list-style-type: none"> Used by IPs and community mobilizers to invite men and women for VMMC and other integrated services.
4	VMMC/TT Communication plan	Guidelines and materials for communicating Tetanus Vaccination for VMMC	<ul style="list-style-type: none"> Used by IPs to position and mobilize men for Tetanus Vaccination as part of the VMMC package.
5	VMMC Flipchart	Integrates messages on Tetanus vaccination as part of the VMMC package	<ul style="list-style-type: none"> Used by health workers to counsel clients before and after VMMC.
6	VMMC Leaflet	Wound care after VMMC procedure	<ul style="list-style-type: none"> Used by newly circumcised men and their partners to guide them on how to prevent Tetanus infection.

Comments/ Challenges

- Many IPs and health workers that CHC talked to during the consultative process expressed concerns that integrating Tetanus vaccination in VMMC, if not done carefully, will wipe out the gains made in promoting

VMMC over the years and stop men from demanding for VMMC.

Lessons learnt

- Tetanus Vaccination for VMMC can be successful if positioned well. MOH and IPs while mobilizing men for VMMC should not front Tetanus vaccination. Instead, they should continue promoting and mobilizing men for VMMC as a service but clearly explain the procedure that one under goes to get VMMC. Tetanus vaccination should therefore be placed within the context of VMMC and not as a standalone intervention.

Plans for the next quarter, January - March 2016:

- Finalized communication plan and produce client and provider materials to support rollout of Tetanus Vaccination
- Design and implement targeted communication support and demand generation activities for VMMC uptake in the 57 VMMC COP 15 districts (Links with activity 1.3)

1.1.7 Tailored response to demand creation needs of USG IPs

Organizations Involved:

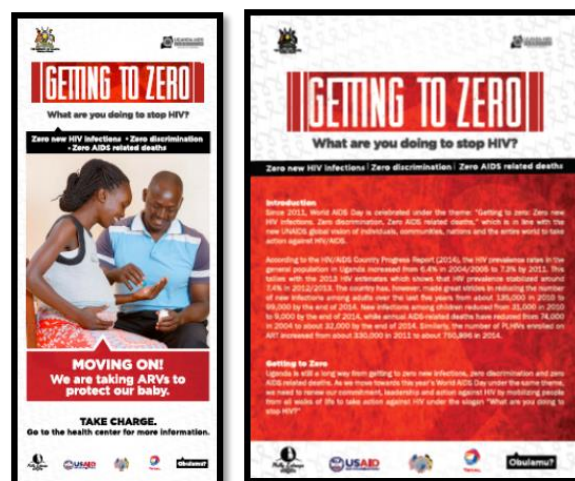
FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Provide on-going TA to USG IPs in routine implementation and monitoring of demand creation activities to identify emerging gaps and needs.

Activities accomplished:

- Technical assistance during World AIDS Day 2015:** In order to ensure coordinated communication around World Aids Day 2015, CHC supported the National Organising Committee (NOC) composed of MOH, UAC and IP representatives to plan, develop and standardize messages under the theme, "Getting to Zero; My Responsibility.". CHC tailored messages to focus on individual actions for stopping HIV and developed talking points for district leaders and partners to use during the national World AIDS Day event in Kasese and other district commemorations. In Kasese, where the main celebration was held, CHC worked with AIC and Baylor to conduct two moonlight shows in hot spots around Hima and Kasese municipality targeting key and priority populations. As a result, 460 people were tested for HIV, out of which 14 tested positive.



Partnerships with media houses during World AIDS Day: Through its partnerships with radio and TV stations, CHC developed a mass media plan to coordinate partners' media engagements, and secured free air time on five TV stations (NTV, NBS, UBC, WBS and STEP TV) and 12 Radio stations across the country. Partners such as UAC, MOH, TASO, IDI, Baylor, MildMay, Philly Lutaaya Cares/Foundation and DHOs appeared as guests on the media platforms. Media platforms also carried interviews and testimonies of people living with HIV encouraging the general public to test and know their HIV status, take their ARVs daily if positive and on treatment, and care and support those on treatment.

Condom promotion in Central region: CHC worked with UHMG, PACE, champions and DHEs of Bukomansimbi, Ssembabule and Mityana to intensify condom promotion activities in selected hot spots, including; bars, video halls, informal workplaces such as mines, plantations, markets and trading centres. Key activities included, one-on-one and small group dialogue sessions on myths and misconceptions, fears as well as norms on condom use among 8,169 men and 4,398 women as shown in the table below:

Table 5: Number of people reached through condom promotion activities in central region

#	Activity	Activations	People reached	Female Condoms distributed	Free male Condoms distributed	Socially marketed male Condoms
1	Bar activations	107	5,138	4,842	12,850	152,940
2	Informal workplace activations*	141	3,604	4,661	24,984	8,820
3	Video hall activations	42	1,435	1,781	7,563	24,060
4	Community dialogues	118	2,390	0	0	0
	TOTALS	408	12,567	11,284	45,397	185,820

* includes; bars, video halls, informal workplaces such as mines, plantations, markets and trading centres.

Comments/ Challenges:

- During World AIDS Day 2015, the National Organising committee (NOC), including UAC, MOH and IPs acknowledged the role played by CHC in improving standardization and coordination of health communication interventions. During the season CHC supported the NOC, IPs and districts to develop standardized messages under the theme “Getting to zero” and disseminated them to all IPs, 81 districts, 43 radio stations and 5 TV stations.

Lessons learnt

- N/A

Plans for the next quarter, January – March 2016:

- Provide on-going TA to USG IPs in routine implementation and monitoring of demand creation activities to identify emerging gaps and needs.

1.2 Work with GOU and USG IPs to develop and update OBULAMU implementation guides, tools, and materials for LS 1-4

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs

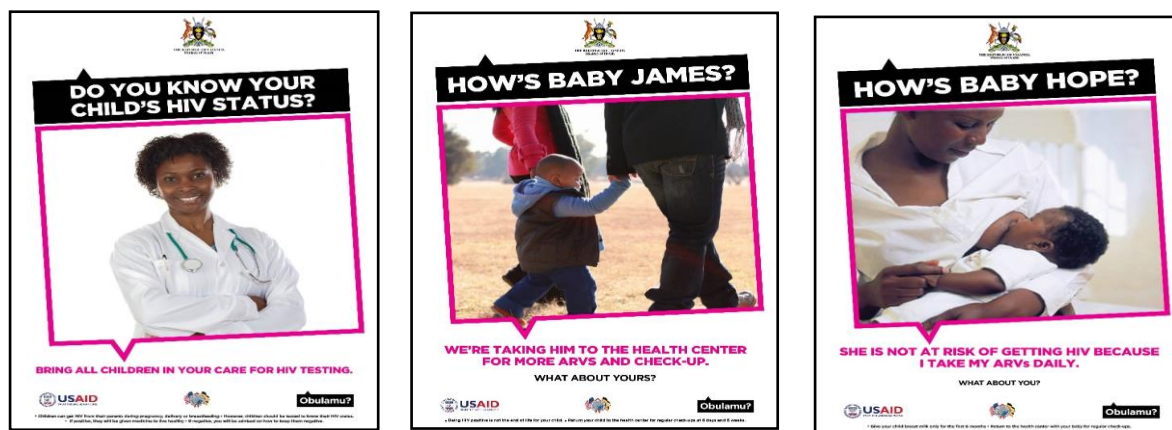
Activities Planned:

- Conduct Action Media sessions (and develop materials) with selected PPs and KPs (FSW, pregnant women, caregivers of children <5y) to troubleshoot eMTCT and adult and pediatric ART uptake and adherence (Links with IR3, activity 3.1)
- Produce, test, and broadcast 36 OBULAMU radio magazine programs in 12 local languages for integrated health actions and behaviors for LS1-4.
- Produce 12 video formats of the radio magazine programs to be streamed on TV stations, health centres video, video halls, and country buses.
- Based on insight from action media and audience listening surveys
 - Produce IPC scripts, DJ mention scripts and radio spots to facilitate radio discussions on HIV, ART uptake/adherence, pregnancy and safe motherhood, contraception, nutrition, TB, and malaria prevention and case management.
 - Update IPC scripts for selected PPs and KPs to facilitate targeted mechanisms to address barriers (fears and misconceptions, norms) during one-on-one, small group, and community dialogue sessions.
- Adapt available OBULAMU audio-visual tools for social media formats: FaceBook, WhatsApp, YouTube (Incorporates working with medical doctors to address audience health questions).

Activities accomplished:

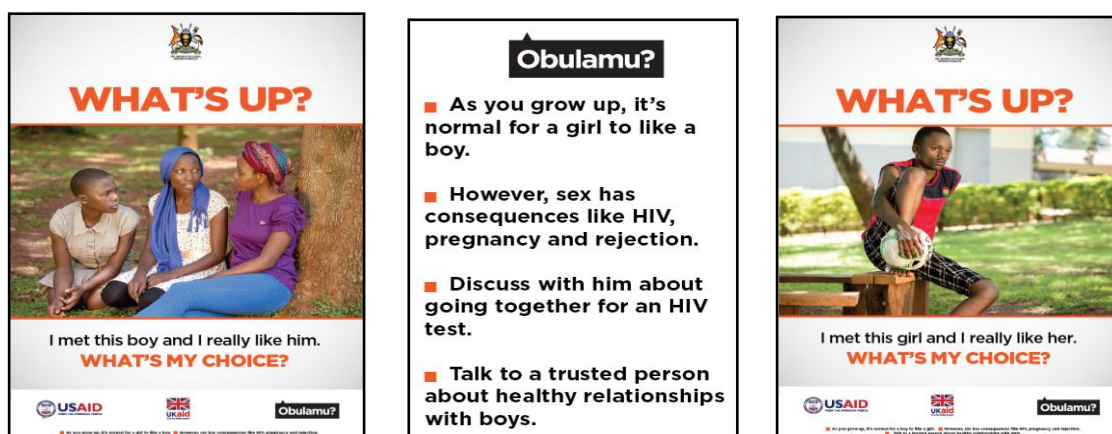
- Developed health communication materials and tools:** CHC continued to work with MOH, BCC WG and USG IPs to develop relevant health communication materials and tools for Life Stage 3, which covers health needs of children under five years; early initiation of breast feeding, exclusive breast feeding, complimentary feeding, eMTCT, pediatric HIV and malaria. CHC held a stakeholders meeting in November 2015, to share findings from Action Media with PLHIVs and review draft materials. Some of the materials developed are shown in the

pictures below:

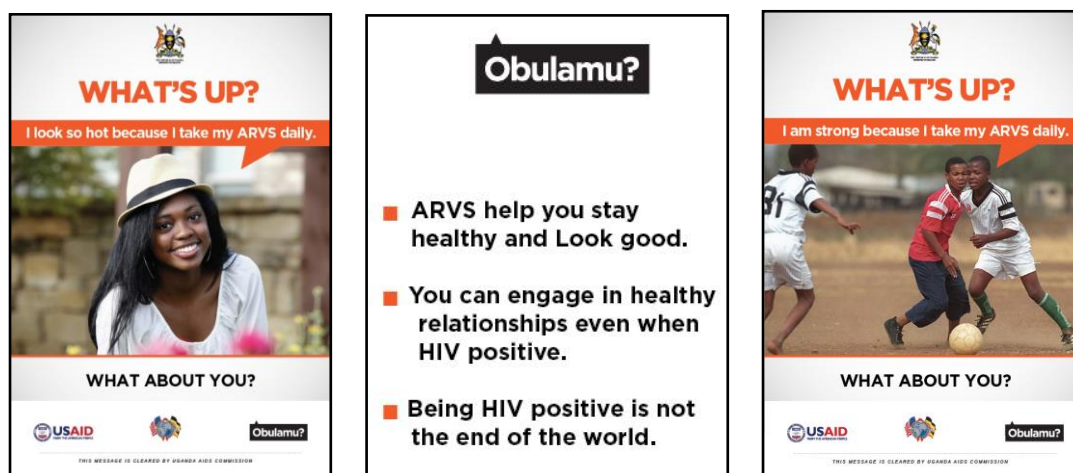


ABOVE: Draft materials on early infant diagnosis, taking the baby to the health center for regular check-ups and ART refills and ART adherence for HIV positive breastfeeding mothers.

- CHC also developed materials and tools for Life Stage 4 (which covers health needs of adolescent girls and boys) and focuses on the following health areas; prevention of unplanned pregnancy and making informed sexual reproductive health choices, HIV prevention (HTC, condom use and abstinence) and adolescent ART adherence.



ABOVE: Approved posters (with talking points/guides) on the prevention of teenage pregnancy and HIV among adolescent girls and boys. Materials are designed to trigger interpersonal discussions,



LEFT: Draft posters (with talking points/guides) designed through "Action Media" with adolescent girls and boys to motivate adolescents adhere to ART by appealing to key emotions for adolescent girls (looking good/hot) and for adolescent boys (being strong).

- **Produced OBULAMU Radio Magazine Programs (ORMPs) and video formats:** CHC worked with Wizarts Media productions to develop scripts, test and finalize production of 36 ORMPS in 12 local languages. Magazine programs cover integrated Life stage 2 and 3 health issues including; ANC attendance, eMTCT, prevention of malaria in pregnancy, sleeping under LLINs for pregnant women and children under five years, delivery at a health center, new born care, nutrition among others. CHC also produced 10 videos integrating the above health issues in English and Luganda.
- **Adapted available OBULAMU audio-visual tools for social media formats:** CHC adapted Life Stage 1 and 2 materials, including videos, posters, infographics and scripts for social media engagement as shown below:
 - Facebook reached 245,483 people with 2,000 likes.
 - Twitter reached 213788 people/followers
 - YouTube has 257 video views
 - WhatsApp has reached 150 people who subscribe to OBULAMU platform.

The table below shows the number of Facebook likes to date, including a breakdown on views for the period October-December 2015.

Table 6: Number of people reached through OBULAMU Facebook platform

Page Name	Likes	Total Reach in the quarter	
Facebook	2,000 Likes	October	14,698
		November	29,541
		December	201,244
		Overall Reach	245,483

*Reach = Number of Facebookers who saw the content shared on OBULAMU Facebook page during the quarter

According to the above table, OBULAMU Facebook had very high traffic in December 2015, resulting from the content shared during World Aids Day 2015 on “What’s Your Way of Stopping HIV? During the same month, NBS TV shared some of the page content to their station Facebook.

Overall, CHC has reached more men (61%) than women (39%) through social media platforms such as Facebook due to a number of access factors.

The table below shows the number Of people who visit the OBULAMU Facebook page by country, city and languages. This helps CHC to further tailor Social Media messages and posts to the audiences from Uganda towns/cities where audiences are most active e.g. Kampala, Gulu, Entebbe and Mbarara.

Country	People Reached	City	People Reached	Language	People Reached
Uganda	11,415	Kampala, Kampala Di...	10,799	English (US)	10,639
Kenya	329	Nairobi, Nairobi	289	English (UK)	2,297
United States of America	240	Kigali, Kigali	117	French (France)	51
United Kingdom	188	Gulu, Gulu District	116	Spanish	16
Rwanda	124	London, England	109	German	11
United Arab Emirates	83	Entebbe, Wakiso District	94	Swahili	11
South Africa	56	Mbarara, Isingiro District	50	Turkish	9
Tanzania	54	Dubai, Dubai	47	English (Pirate)	8
Congo, Democratic R...	48	Dar es Salaam, Dar e...	44	Arabic	8
Canada	43	Juba, Equatoria	40	Dutch	6

Comments/ Challenges:

- Next quarter, CHC will analyze the audience categories who access OBULAMU social media platforms in various towns of Uganda and target more social media enthusiasts from other major towns in Uganda including; Jinja, Mbale, Arua, Soroti and Fortportal.

Plans for the next quarter, January - March 2016:

- Compile implementation guides for LS1-4 and related materials, tools, job aides into a single binder
- Disseminate implementation guides binder through regional orientation workshops with IPs, DHEs in 61 priority districts.
- Conduct a listening survey of PPs, KPs, and IPs to identify emerging priority HC issues and use the insights to adapt audio-visual and print messages for LS 1-4 (Links with IR3, activity 3.1).
- Broadcast 36 OBULAMU radio magazine programs in 12 local languages for integrated health actions and behaviors for LS1-4.
- Based on insight from action media and audience listening surveys
 - Produce IPC scripts, DJ mention scripts and radio spots to facilitate radio discussions on HIV, ART uptake/adherence, pregnancy and safe motherhood, contraception, nutrition, TB, and malaria prevention and case management.
 - Update IPC scripts for selected PPs and KPs to facilitate targeted mechanisms to address barriers (fears and misconceptions, norms) during one-on-one, small group, and community dialogue sessions.
- Produce six video formats of the radio magazine programs to be streamed on TV stations, health centres video, video halls, and country buses.
- Adapt available OBULAMU audio-visual tools for social media formats: FaceBook, WhatsApp, YouTube (Incorporates working with medical doctors to address audience health questions)

1.3 Work with GOU and USG IPs to rollout the OBULAMU integrated campaign at national, district, and community levels

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs

Activities Planned:

- Work with USG IPs and DHTs to follow and monitor OBULAMU champions activities through spot-checks, periodic phone calls, and quarterly review meetings at sub-county/HC III levels. (Targets 5 champions monitored per sub-county in each of the 61 priority districts).
- Work with OBULAMU champions to conduct one-on-one dialogue sessions (487,000), home visits (44,000), and small group discussions (320,000) to reach people with information, motivation and referral to services
- Work with GOU, USG IPs and DHTs to conduct 244 community shows and 2,440 small community activations in targeted hotspots and places where KPs and PPs regularly meet.
- Targeted mass media rollout to reach 61 priority districts and 41 sustenance districts. (Targets 117,840 radio mentions and 430 radio talk shows to supplement IPC)
- Targeted TV and video placements to reach PPs and KPs on Bukedde TV, NTV, health centres, buses, video dens. (Targets 57,920 TV/video exposures).
- Targeted outdoor placements in hotspots, trading centers, markets, water sources and places where KPS and PPs converge.

Activities accomplished:

- **Follow-up and monitoring of OBULAMU champion activities:** In order to deepen reach of the OBULAMU campaign interventions among different target audiences and improve facility and community linkage, CHC worked with IPs and districts to conduct mentoring and support supervision visits to 8,122 campaign champions around 333 high volume sites in 81 districts as shown in the table below. During the activity, the team solicited feedback, mentored and guided champions on their day-to-day operations and worked with them to disseminate health communication materials on HIV prevention, care and treatment, malaria, family planning and maternal, child health and nutrition.

Table 7: Number and type of campaign champions followed-up during the quarter

Region	No. of districts	High Volume sites attached	VHTs		Health Workers		Local leaders		District officials		Media persons		Business community		Religious leaders		Boda-boda Leaders		Total
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Western	9	43	244	213	88	155													700
East Central	11	24	-	-	175	174	49	18	18	14	12	-	-	-	10	-	-	-	470
Central	18	91	312	328	258	380	-	-	-	-	-	-	-	-	-	-	-	-	1,278
Karamoja	2	10	162	138	75	75	-	-	-	-	-	-	13	1	-	-	-	-	464
South Western	13	41	364	592	377	499	-	-	-	-	-	-	-	-	24	13	17	-	1,886
West Nile	6	32	330	222	89	74	-	-	-	-	-	-	-	-	-	-	-	-	715
Eastern	7	40	267	226	32	31	-	-	-	-	-	-	-	-	176	15	-	-	747
Northern	15	49	657	296	436	393	-	-	-	-	-	-	-	-	70	10	-	-	1,862
Total	81	330	2,336	2,015	1,530	1,781	49	18	18	14	12	-	13	1	280	38	17	-	8,122

- **Deepening OBULAMU interventions through community shows, dialogue sessions and home visits:** CHC continued to deepen the reach of health communication interventions on HIV prevention, care and treatment, maternal and child health, malaria, nutrition and TB by working with IPs, districts and community champions to conduct 64 edutainment based, community mobilization activations known as community shows. During the shows, CHC and IPs provided health information and motivation to 40,991 people who attended the shows, reached 21,769 people through small group discussions and 21,580 people through home visits. The following table gives detailed information on the number of people reached and services provided in different regions of the country during the quarter:

Table 8: Number of people reached and services provided during OBULAMU Community Shows

No.	Variables	Central	Eastern	Northern	SW	Karamoja	EC	Western	Total
1	Number of Shows	9	2	26	4	4	13	6	64
2	People who attended	4,514	725	19,473	1,059	2,477	11,151	1,592	40,991
3	People reached through Home Visits	3,084		9,384	-	4,483	4,617	12	21,580
4	People reached through Small Group Discussions	3,102	844	9,616	-	5,481	5,219	-	24,262
5	HTC	2,935	-	3,365	-	821	3,367	1,227	11,715
	• First Time Testers	1,209	-	2,276	459	541	1,218	727	6,430
	• Tested HIV Positive	113	-	61	14	8	59	30	285
	• Enrolled into care	104	-	29	11	-	16	21	181
6	STI Screening & Treatment	389	-	-	-	-	480	-	869
7	SMC during the show	26	-	12	-	-	-	-	38
8	Condoms distribution	84,572	-	26,268	-	-	8,502	22,450	141,792
9	TB screening	33	-	136	-	56	19	28	272
10	Family planning	151	-	202	57	28	123	17	578
11	Malaria in pregnancy (IPTp)		-	133	-	12	126	-	271
12	Malaria Treatment (general)	145	-	7,739	-	862	1,009	-	9,755
13	LLINs For Pregnant Women		-	204	-	35	86	20	345
14	LLINs For Children <5	1	-	154	-	34	9	-	198
15	ANC	48	-	709	42	15	130	129	1,073
16	Nutrition		-	88	-	611	25	13	737
17	Immunization	37	-	348	-	115	1,379	-	1,879
18	Referrals during the show	210	-	810	-	1	-	5	1,026

- **Targeted radio placements in reach 61 priority districts and 41 sustenance districts:** In order to intensify the reach of health communication interventions and complement the above inter-personal communication activities at household and community level, CHC worked with IPs, districts and 43 partner radio stations to broadcast 71,704 radio exposures which reached an estimate 10.3 million people according to IPSOS Media Monitoring Reports. Specific radio formats included; radio spots, DJ mentions and OBULAMU moment discussions as well as 113 radio talk shows as shown in the table below.

Table 9: Number and type of radio exposures during the quarter

Life Stage	Radio			
	Spots	DJ Mention	OBULAMU Moment	Talk Show
Life Stage 1	11,868	6,992	-	27
Life Stage 2	23,736	7,912	1,260	25
Life Stage 3	6,992	6,080	-	21
Life Stage 4	1,104	1,472	-	10
Malaria	2,208	1,840	240	30
Total	45,908	24,296	1,500	113

During the talk shows, IPs such as Baylor, STAR-EC, APC, RHU, TASO and DHOs from Gomba, Gulu, Oyam, Mubende, Mukono, appeared as guests and addressed issues on HIV prevention, care and treatment, nutrition, family planning and malaria.

- **Targeted TV and video placements:** CHC broadcast 1,368 TV/video exposures on NTV, Bukedde, NBS and UBC and reached an estimate three million people who watch TV in Uganda switching between the four TV stations. Specific TV/video formats broadcast included; TV spots special program placements (squeeze backs), presenter information tips, talk shows as well as news features as shown in the table below.

Table 10: Formats and number of TV exposures during the quarter

Life Stage	Content/issues	Television (TV)				
		Spots	Squeeze Backs	Info Tips	Talk Shows	News Features
Life Stage 1	VMMC, Condom use, HTC, partner reduction, ART adherence, family planning	738	248	93	7	5
Life Stage 2	Antenatal care, Malaria in pregnancy, eMTCT, ART adherence, family planning and nutrition.	277	-	-	-	-
		1,015	248	93	7	5

- **Targeted placement of outdoor materials:** CHC worked with IPs, districts and champions and placed 100,926 health communication materials around 333 high volume sites in Uganda. Specific areas of placements included; health centres, trading centers, markets, water sources, informal workplaces such as boda-boda stages, bars, night clubs, shops, places of worship and other meeting places.



OBULAMU campaign champions and staff from IPs disseminate and place campaign materials in 333 high volume sites and over 1,000 neighbouring small towns/trading centres and villages in 81 districts. This is part of the process of improving “facility-community” linkage by stimulating one-on-one and small group dialogue sessions on various health issues, addressing gaps related to knowledge, attitude, skills and norms and referring people to services.

Table 11: Number and type of materials disseminated during the quarter

CATEGORY	ISSUE/HEALTH AREA	NUMBER/AMOUNT DISSEMINATED
ABS Boards	<ul style="list-style-type: none"> VMMC, Condom use, partner reduction, abstinence and family planning 	32,249
Posters	<ul style="list-style-type: none"> ART, EMTCT, Family Planning, VMMC, Condom use, partner reduction, abstinence, family planning and child spacing, ART adherence, ANC attendance, delivery at a health center, malaria in pregnancy, nutrition for pregnant women, Couple HIV Counseling and Testing, TB, nutrition for children under 5, including; Early initiation of Breast feeding, Exclusive breastfeeding, complimentary feeding, among others. 	40,750
Bumper Stickers	<ul style="list-style-type: none"> EMTC, HTC, ART adherence 	1,146
Champion Materials	<ul style="list-style-type: none"> Talking points, referral forms, champions code of conduct, champions Conversation cards/guides, feedback tool, T-shirts, Lesus and Badges 	19,516
Client Information Materials	<ul style="list-style-type: none"> ART Leaflets/fliers 	2,619
	<ul style="list-style-type: none"> SMC - Brochures 	1,230
	<ul style="list-style-type: none"> Alive and Healthy 	50
	<ul style="list-style-type: none"> Couple testing certificate 	640
Health Worker - Client Materials	<ul style="list-style-type: none"> Family planning flipchart for Clinical Health Workers, family planning flipchart for VHTs, SMC grain Sacks and OBULAMU Mid-wives Calendar 	2,726
Total		100,926

Comments/ Challenges:

- N/A

Plans for the next quarter, January - March 2016:

- Finalize implementation guides for LS1-4 and related materials, tools, job aides into a single binder
- Work with USG IPs and DHTs to follow and monitor OBULAMU champions activities through spot-checks, periodic phone calls, and quarterly review meetings at sub-county/HC III levels. (Targets 5 champions monitored per sub-county in each of the 61 priority districts)
- Work with USG IPs and DHTs to enlist, orient and deploy an additional 13,387 to fill existing gaps and respond to new emerging issues like DREAMS, DFID FP campaign and LS3 and 4.
- Work with OBULAMU champions to conduct one-on-one dialogue sessions (487,000), home visits (44,000), and small group discussions (320,000) to reach people with information, motivation and referral to services
- Work with GOU, USG IPs and DHTs to conduct 244 community shows and 2,440 small community activations in targeted hotspots and places where KPs and PPs regularly meet
- Conduct targeted mass media rollout to reach 61 priority districts and 41 sustenance districts. (Targets 117,840 radio mentions and 430 radio talk shows to supplement IPC)
- Conduct targeted TV and video placements to reach PPs and KPs on Bukedde TV, NTV, health centres, buses, video dens. (Targets 57,920 TV/video exposures)
- Conduct targeted outdoor placements in hotspots, trading centers, markets, water sources and places where KPS and PPs converge.

OBULAMU champion spreads health messages in her community

Shamim Nantabo, 24, from Bugoya village, Kiyerere sub-county, Mayuge district has worked as an OBULAMU campaign champion since June 2015, following an orientation meeting organized by USAID/Communication for Healthy Communities (CHC), to equip Village Health Teams (VHTs) with knowledge on the OBULAMU campaign, and to recruit campaign champions. The OBULAMU campaign is an innovative integrated health communication campaign that engages audiences in conversational approaches that identify barriers to adoption of desired healthy behaviours and takes the discussion to audiences to suggest relevant health actions.



As an OBULAMU champion, Shamim volunteers her time to engage community members in dialogues and conversations, shares appropriate messages and demonstrates practical health tips such as correct mosquito net use, or refers members for health services, thereby influencing them to adopt key actions to improve their health.

“At the training I learnt that for someone to change their behaviour, the right messages have to be given to them consistently. Before the training, I would give clients information and not visit them again to find out if they had used the information to improve their health,” says Shamim.

But during the training, I developed an action plan to help me do my work better. I have two villages; Bugoya

and Mashaga with 226 households. Every week I visit three to four households to discuss health issues, find out what health actions members are taking, or how the sick are responding to medical treatment.”

During the home visits, Shamim uses tools such as the ‘*Obulamu talking points for leaders and champions*’ and the ‘*VHTs’ family planning flip chart*’ to help clarify messages and engage members in conversations. The conversational approach and tools have given credibility to Shamim and the information sessions.

One of Shamim’s village-mates, 25-year-old Sofia Naisubi, a mother of a two month old baby says that when she sees Shamim referring to books during their interactive sessions, she believes her more.” Shamim started visiting Sofia bi-monthly in August 2015 when she was six months pregnant.

Shamim’s role as an OBULAMU campaign champion is starting to show impact in the lives of the people she has supported. Teenage and young girls refer to Shamim as ‘Senga’ (auntie) because she is able to answer their questions on sexual reproductive health. Shamim says the number of teenage pregnancies in Bugoya and Mashaga villages reduced from eight in 2015 to two in 2014. She partly attributes the reduction to her talks with teenagers on pregnancy prevention and condom use, and delayed sexual intercourse.

In the past year, she referred eight young women to Kityerera Health Centre IV for services including; antenatal care and child birth, family planning uptake and malaria treatment.

Intermediate Result 2: Improved coordination of Health Communication interventions

2.1.1 Support the MOH to strengthen the National BCC Working Group for Sustainable HC Coordination

Organizations Involved:

FHI 360, MOH, USG IPs

Activities Planned:

- Operationalize BCC WG SOPs and spearhead their use in functions of the WG
- Co-chair BCC WG and national level task forces and thematic TWGs in order to influence discussions towards greater coordination of HC interventions in the country

Activities accomplished:

- CHC held an After-Action-Review (AAR) meeting with the head of the health promotion and education team at MOH to review the operationalization of the S.O.Ps for materials review that were developed the previous quarter. Thetool has helped the ministry standardize the materials review process and had been used to review materials for; CHC, Maries Stopes Uganda, Malaria Consortium and PACE, among others. The materials review tool provides a systematic way of reviewing SBCC materials following the communication planning process.
- CHC co-chaired a BCC WG meeting in December 2015 to review OBULAMU materials for Life Stage 3 and 4 and discuss ways of supporting field implementation of health communication activities to IPs and districts. During the meeting, it was agreed that MOH and CHC will meet next quarter to develop a calendar for BCC WG meetings and TWGs in order to influence discussions towards greater coordination of HC interventions in the country.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2016:

- Co-chair BCC WG and national level TWGs in order to influence discussions towards greater coordination of HC interventions in the country.

2.1.2 Support the MOH to develop district HC coordination mechanisms

Organizations Involved:

FHI 360, DHTs and USG IPs

Activities Planned:

- Orient DHEs and IPs on OBULAMU LS 3, and 4 rollout and disseminate the integrated materials binder (Targets 16 orientations i.e. 2 per region in two quarters)
- Work with FANTA III to attend DNCC coordination meetings, disseminate nutrition materials and develop joint communication activities in the 10 districts.

Activities accomplished:

- **Improving district level coordination of health communication:** In order to improve coordination of health communication activities at a district, CHC and MOH continued to work with DHOs and DHEs in the day-to-day planning, reviewing, implementation and monitoring of health communication activities as follows:
 - Attended 56 planning meetings at district level to develop inter personal communication and community show schedules with districts and IPs in the process of implementing activities 1.1, 1.2 and 1.3 above.
 - Oriented 150 district staff, including DHOs, DHEs and health assistants on the use of developed health communication materials (see activity 1.3 above).
 - Provided DHEs with talking points and updates on health communication activities implemented in their districts during district level meetings, including; DHMT and IP planning meetings, DOP, DNCC among others.
 - Provided standardized talking points to DHEs and DHOs during World AIDS Day 2015 to 61 districts.
 - Worked with DHEs and Health Assistants from 81 districts to conduct follow-up visits and support supervision activities to campaign champions
 - Worked with DHEs in conducting participatory action research and materials development activities, including; action media, listening surveys, pre-testing of materials, translation and adaptation as well as dissemination.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2016:

- Orient DHEs and IPs on OBULAMU LS 2, 3, and 4 rollout and disseminate the integrated materials binder (Targets 16 orientations i.e. 2 per region in two quarters)

2.2 Capacity strengthening for GOU, districts, and IPs**Organizations Involved:**

FHI 360, DHTs and USG IPs

Activities Planned:

- Conduct tailored SBCC training for 132 participants
 - Tailor 8 practical SBCC training sessions for DHE during regional workshops (see 2.1.2) and subsequently train 102 DHEs.
- Targeted demand-driven HC TA. (Expects at least 50 DHE and 20 IPs to request this SBCC TA)
- Conduct refresher sessions for OBULAMU champions to evolve with changing phases of implementation, learning, and adaptation (Targets refresher for 11,000 champions)

Activities accomplished:

- CHC did not conduct SBCC training for IP staff and DHEs because of the need to assess utilization of skills gained from previous SBCC trainings and determine existing gaps to tailor SBCC trainings. This activity will be done in quarter 3 following a series of mentorship and support supervision visits to IP staff and DHEs.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2016:

- Conduct mentorship and support supervision visits to 30 IP staff and 50 DHEs who were previously trained in SBCC.
- Based on findings from mentoring and support supervision activities above, tailor SBCC training for 80 participants including IPs and DHEs.

Intermediate Result 3: Increased Research and Knowledge Management to Enhance Health Communication

3.1 To obtain scientific evidence to support a robust learning agenda

3.1.1 Operationalize MER/KM Task Force
<p>Organizations Involved: FHI 360, MOH</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> Convene quarterly to review HC-related and service data such as DHIS2, LQAS, FP and MCH surveillance (linked to the BCC WG and CHC-led learning agenda)
<p>Activities accomplished:</p> <ul style="list-style-type: none"> MER/KM taskforce meeting: In preparation for the MER/KM taskforce meeting, CHC held a meeting with MOH to discuss areas to prioritize in the review meeting and to plan for the field monitoring/ quality improvement visits. Among the issues discussed were: <ul style="list-style-type: none"> Follow-up champions and DHEs in East-central, central and northern regions in the implementation of DREAMS Analyze trends from HMIS data on a quarterly basis and present them to the BCC WG Follow-up with USG IPs and district on mentorship and support supervision of SBCC activities
<p>Comments:</p> <ul style="list-style-type: none"> N/A
<p>Lessons learnt</p> <ul style="list-style-type: none"> N/A
<p>Plans for the next quarter, January - March 2016:</p> <ul style="list-style-type: none"> Convene quarterly to review HC-related and service data such as DHIS2, LQAS, FP and MCH surveillance (linked to the BCC WG and CHC-led learning agenda) Spearhead the conduct of at least two field monitoring/quality improvement visits as part of the learning agenda under task force/BCC WG (Links with 3.1.3)

3.1.2 Design and implement customized research methodologies
<p>Organizations Involved: FHI 360</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> Conduct participatory formative research using Action Media methodology to support IR 1 implementation, monitoring, and adaptation activities related to Life Stages 1-4. (Incorporates gender analysis: gender issues, any shifting patterns, their drivers, and how they affect decision-making for behaviors and use of health services). Design and carry out targeted research in the 10 DREAMS districts to generate evidence around drivers of new infections Design and monitor targeted activities linked to the USAID-DFID young women pregnancy prevention focus, including evaluation strategies Design and carry out audience and IP feedback assessments
<p>Activities accomplished:</p> <ul style="list-style-type: none"> Preparations for Action Media research: During this quarter, CHC held meetings with USAID officials and USG IPs to discuss the priority research areas that require action media methodology. The key priority issue identified was determining structural barriers in service uptake. Conducted a listening survey (preliminary information gathering): CHC trained and deployed 64 research assistants to conduct listening surveys and man-on-the street interviews to gauge the reception and impact of OBULAMU messages from target audiences around 400 selected high volume sites across the country (<i>see IRI, Activity 1.3</i>).

- *Research protocols developed:*
 - CHC drafted the DREAMS research protocol aimed at determining the new drivers of the HIV epidemic in 10 high burden districts of Uganda. The protocol will be finalized in quarter two and sent for both FHI 360 and local IRB approval.
 - CHC also drafted the IP feedback assessment protocol aimed at investigating the capacity for health communication among IPs to guide the refocus of health communication response. The assessment will focus on USG IPs. The protocol will be finalized in quarter two and sent for both FHI 360 and local IRB approval.
- An assessment on knowledge on contraceptive choices was conducted as part of the activities for the USAID-DFID young women pregnancy prevention campaign (*see IRI, Activity 1.1.2*).
- During the quarter, CHC conducted a rapid one-on-one engagement with champions to understand the Malaria incidence upsurge in Amuru district, Northern Uganda. From these engagements it was identified that there was need for more research on the use of LLINs on large scale.

Comments:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2016:

- Conduct participatory formative research using Action Media methodology to support IR 1 implementation, monitoring, and adaptation activities related to Life Stages 1-4. (Incorporates gender analysis: gender issues, any shifting patterns, their drivers, and how they affect decision-making for behaviors and use of health services).
- Design and carry out targeted research in the 10 DREAMS districts to generate evidence around drivers of new infections
- Design and monitor targeted activities linked to the USAID-DFID young women pregnancy prevention focus, including evaluation strategies
- Design and carry out audience and IP feedback assessments

3.1.3 Implement Monitoring, Evaluation, and Learning (MEL) Plan

Organizations Involved:

FHI 360

Activities Planned:

- Finalize Timeline 1 (baseline) survey analysis to further inform targeted HC programming
- Finalize MER/KM databases and standardize data flow procedures at regional and national levels
- Facilitate timely periodic reporting to stakeholders (i.e. PRS, quarterly/annual reports), including using MER/KM database to generate summary table of indicators, targets, and results required for reporting required for reporting
- Monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

Activities accomplished:

- **MER/KM databases:** CHC continued to work with two contracted firms (aWhere and Techlab) in developing databases and standardizing data flow procedures from regional to national levels. CHC held conference call meetings with aWhere and Techlab teams to agree on the proposed designed databases.
- **Submitted FY14-15 Annual Report:** CHC submitted its year two (FY14-15) Annual report to USAID and entered data into USAID reporting systems including; PRS, FTFMS and SAPR/DATIM.
- As part of monitoring interventions roll-out, CHC conducted an exercise to deepen HC interventions in high volume sites where champions and DHEs were followed up. Listening surveys conducted to get audience feedback on OBULAMU activities (*see IRI, Activity 1.3*)

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2016:

- Facilitate timely periodic reporting to stakeholders (i.e. PRS, quarterly/annual reports), including using MER/KM database to generate summary table of indicators, targets, and results required for reporting required for reporting
- Finalize MER/KM databases and standardize data flow procedures at regional and national levels
- Review and refine program monitoring tools and procedures to facilitate timely and quality reporting
- Monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

3.2 To support knowledge management of a robust learning agenda

3.2.1 Implement a KM Plan as part of the OBULAMU platform

Organizations Involved:

FHI 360

Activities Planned:

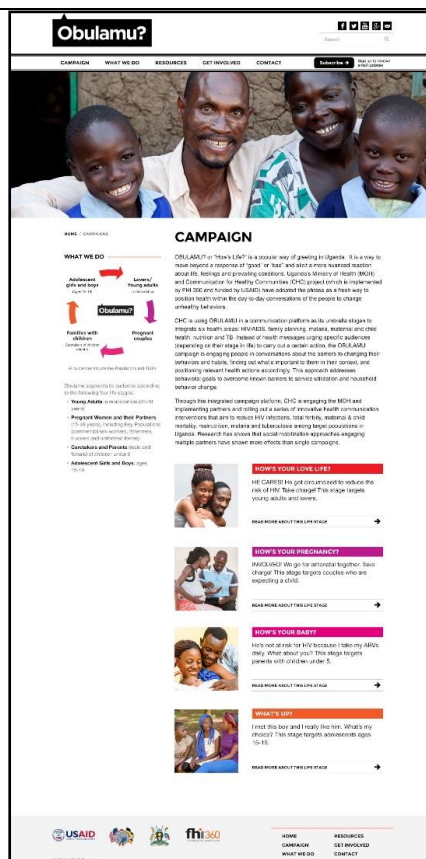
- Work with identified sub-contractor to transform spatial data of hotspots, IPs and their activities, health services into maps that provide actionable insight at district, regional, and national level
- Work with M&E database development specialist/consultant (FHI 360 TechLab facility) to expedite review, completion and testing of CHC MEL-Plan databases
- Use participatory methodologies (i.e. action media) to assess how stakeholders gather, produce HC information from various sources to implement KM plan and get input on existing and potential KM products
- Engender knowledge sharing and learning by disseminating KM products through networks and platforms identified at national, regional, and district levels
- Make use of existing global online KM platforms critical to wide distribution of knowledge products include Health Compass, K4H, AfriComNet, and Communication Initiative
- Monitor and document progress with activities outlined above to make adjustments as needed

Activities accomplished

- **Knowledge Management plan:** During the quarter, CHC finalized a KM plan which will guide the development and dissemination of knowledge products. Key products in the KM plan include; reports, technical briefs, flash disks, DVDs/CDs, newsletters, pictures/images, posers, among others.

In order to address the stakeholders' needs in knowledge management, CHC developed a research protocol that will assess how stakeholder gather, produce HC information from various sources.

- **Knowledge products shared and disseminating through networks and platforms identified at national, regional, and district levels:**
 - Article on USAID/DFID ARC campaign on contraceptive uptake among AGYW; publication in Population and Development Newsletter developed by Population Secretariat.
 - Finalized contract processes for Film Africa to support documentation of campaign interventions.
 - Started the process of developing an OBULAMU web page that will be hosted by the MoH and UAC domains to improve access to materials and tools by GOU and IPs (*see picture on the right*).



Comments/ Challenges:
<ul style="list-style-type: none"> • N/A
Lessons learnt
<ul style="list-style-type: none"> • N/A
Plans for the next quarter, January - March 2016:
<ul style="list-style-type: none"> • Engender knowledge sharing and learning by disseminating KM products through networks and platforms identified at national, regional, and district levels • Make use of existing global online KM platforms critical to wide distribution of knowledge products include Health Compass, K4H, AfriComNet, and Communication Initiative • Monitor and document progress with activities outlined above to make adjustments as needed

3.2.2 Engage in dissemination and advocacy events
Organizations Involved:
FHI 360, MOH
Activities Planned:
<ul style="list-style-type: none"> • Participate in international, national and regional exchange and dissemination events (links with IR2) • Co-host exchanges and dissemination events at regional and national level by sponsoring roundtable discussions and identifying discussants, develop and make presentations with a clear focus on methodological steps and take home messages
Activities accomplished:
<ul style="list-style-type: none"> • International SBCC summit: In preparation for the international SBCC summit scheduled for quarter two, CHC developed a poster presentation on ‘<i>Understanding the barriers of teenage pregnancy in Eastern Uganda: A synthesis of findings from a participatory action research methodology, Action Media</i>’. This poster presentation will be made in the summit scheduled for February 2016 in Addis-Ababa, Ethiopia. • During the quarter, CHC participated in 03 advocacy activities in Karamoja region including, Agricultural Trade Show, Tepeth Cultural Day, Regional Leaders meeting for HIV and UNICEF IPs meeting on Nutrition. The Agricultural Trade Show and the UNICEF IP meeting targeted promotion of good nutrition while the Tepeth Cultural Day and the Regional Leaders forum embarked on HIV/AIDS prevention activities. These events strengthened coordination with key IPs in the region thus boosting HC activities. • CHC participated in two National forums at Speke Resort in Munyonyo where it made exhibitions on OBULAMU interventions. <ul style="list-style-type: none"> ○ The State of the Ugandan Child Forum held on 27th-28th October, 2015, aimed at taking stock of efforts to improve the welfare of children in education, health and child protection with emphasis on the girl child. CHC exhibited alongside other USG and Government partners under the theme of HIV. ○ The Africa Day for Food and Nutrition Security (ADFNS) Commemoration held on 28th-30th October, 2015. This platform’s objective was to share experiences, knowledge and mutual learning, as well as measure progress in assuring food and nutrition security for all by governments and multi-stakeholder partners. CHC was part of the exhibition under the sub-theme, “Empowering Africa’s women for maternal, adolescent and young child nutrition.”
Comments/ Challenges:
<ul style="list-style-type: none"> • N/A
Lessons learnt
<ul style="list-style-type: none"> • N/A
Plans for the next quarter, January - March 2016:
<ul style="list-style-type: none"> • Participate in international, national and regional exchange and dissemination events (links with IR2) • Co-host exchanges and dissemination events at regional and national level by sponsoring roundtable discussions and identifying discussants, develop and make presentations with a clear focus on methodological steps and take home messages

3.2.3 Improve KM skills

Organizations Involved:

FHI 360

Activities Planned:

- Identify and recruit two MER/KM fellows through the CHC-AfriComNet COP platform

Activities accomplished

- During the quarter, CHC developed a scope of work (SOW) for the MER/KM fellows. The SOW will be share
- Identified potential MER/KM fellows from the community of practice forums. The fellows are yet to be vetted.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, October - December 2015:

- Mentor the two MER/KM fellows through integration into OBULAMU program implementation and learning agenda and the COP
- Test a twinning model to match selected active DHEs with CHC regional offices so that they receive extra mentoring on basic skills in SBCC planning and coordination (linked to IR 1 Activity 1.3 and IR 2 Activity 2.1.2)
- Explore opportunities for incorporating any emerging interests from local institutions of higher learning in CHC learning agenda

FINANCIAL REPORT OCTOBER – DECEMBER 2015

Award Budget Line Items	Budget Total - 5 year period (TEC)	Current Obligated to Date in Award	Balance in the Award	Cummulative Expenditure to September 30, 2015	Expenditure October 1 to December 31, 2015	Cummulative Expenditure to December 31, 2015	Cumulative Balance	% of Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711			\$2,253,398	\$271,371	\$2,524,769	\$4,007,942	61.35%	
Fringe Benefits	\$2,729,692			\$852,632	\$100,120	\$952,753	\$1,776,939	65.10%	
Travel	\$2,014,931			\$506,191	\$56,635	\$562,826	\$1,452,105	72.07%	
Equipment	\$443,500			\$425,283	\$0	\$425,283	\$18,217	4.11%	
Supplies	\$75,623			\$43,789	\$10,140	\$53,929	\$21,694	28.69%	
Other Direct Costs	\$13,781,546			\$3,349,005	\$517,087	\$3,866,092	\$9,915,454	71.95%	
Sub-grants	\$14,152,764			\$4,782,627	\$510,541	\$5,293,168	\$8,859,596	62.60%	
Indirect costs	\$10,266,708			\$2,362,416	\$318,224	\$2,680,640	\$7,586,068	73.89%	
Cost Share	\$2,499,874			\$766,432	\$100,240	\$866,672	\$1,633,202	65.33%	
TOTAL	\$52,497,349	\$20,006,405	\$32,490,944 .00	\$15,341,773	\$1,884,358	\$17,226,131	\$35,271,218	67.19%	18%

